



Occupational License Division
3801 N. University Dr., #401 • Sunrise, FL 33351 • P: 954.572.2352

MERCHANT'S AFFIDAVIT

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared _____
who being duly sworn states the following: *(Name of Applicant)*

- (1) Name of Business: _____
- (2) That He/She is the: _____
(President, Owner, Agent, Director, Etc.)

Of the above described business and makes the Affidavit of His/Her personal knowledge.

- (3) That the RETAIL and/or WHOLESALE value of stock of this business
is not greater than:
\$ _____

Signature: _____

Date: _____

SWORN TO AND SUBSCRIBED before me this _____
Day of _____, 20____, at Sunrise,
Broward County, Florida.

NOTARY PUBLIC STATE OF FLORIDA AT-LARGE

My Commission Expires:

Personally Known

Produced I.D.

Type of I.D. Produced: _____